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ABSTRACT

Three appendixes, B, C, and D, to an article titled "A Process Analysis of Nonprofessional Intervention with Children," are manuals for the use of Process Activity Forms and for Referral Category Rating, including instructions and examples of both and Derivation of Aide Characteristic Factor Scores. (LH)

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APPENDIX E

Primary Mental Health Project

Process Activity Forms

MANUAL FOR USE

Spencer A. McWilliams

Including Instructions

and Examples

October 1970

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DEPARTMENT OF PSYCHOLOGY

January 31, 1972

Early Childhood
University of Illinois
805 W. Pennsylvania Ave.
Urbana, Illinois 61801

Dear Sirs:

I have recently had a manuscript accepted for publication in the Journal of School Psychology. The editor, Dr. Beeman Phillips, has requested that I deposit with you copies of the instruments which I used in the study, so that they may be available to the interested reader.

I have enclosed a copy of the instruments and the manuals explaining the use of the instruments. The complete reference to the article is as follows:

McWilliams, S. A. A process analysis of nonprofessional intervention with children. Journal of School Psychology, 1972, 10, (in press).

It would be appreciated if you could instruct me as to how to indicate the method by which the reader could obtain this information, so that this may be included in a footnote.

Thank you for your help.

Sincerely yours,

Spencer A. McWilliams, Ph.D.
Assistant Professor of Psychology

Enclosure

Jim Rose
Form of transfer.

Logged by us as follows:
McWilliams, Spencer A.
Primary Mental Research Project. Process Activity Forms
Manual for Use. (Instruments & Manual) including
Instructions & Examples. October 1970.

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I. Introduction

This year we would like to try something different with the process forms. After discussing the forms with the senior aides, and getting their ideas and suggestions based on their talks with you, we found that, although last year's forms told us what you did, they did not give us the idea of why you did what you did. We still feel that it is important to know actually what activities you engage in with the child, but we now realize that it is also important to give you an opportunity to let us know why you made the decision to initiate that particular activity.

Therefore, on the forms this year we have included space for you to indicate what the goals of a particular activity were. By the way, this should be helpful to you--it will give you the chance to think more clearly about what your goals are with each child and how this can relate to your choice of activities. To help you with this task, we have devised a list of what seems to be, after discussion with some senior aides, the most common goals that you would be likely to have for a particular activity. This list appears in the appendix. Allyou need to do is write the letter of the goal, or goals, related to a particular

activity in the blank for that purpose preceeding the category for the activity on your process activity form.

Because this new system should give us a more accurate reading of what you are doing with the children you see, and because the project will run longer this year than it did last year, it will be possible for us to collect these forms less frequently than was necessary last year. This year, we would like you to fill out the form for each child you are seeing on one session every two weeks. We would like these sessions to be chosen somewhat randomly from the two week's sessions, so as to give us an overall indication of what a typical session might be. For example, if you are seeing four children twice a week, you might want to fill out a form for one of the children each day, giving the total of four children one form in two weeks. Try to change the order of this pattern each week, so as to vary the day on which the form is coming from. Be sure to work out a systematic schedule which is most comfortable for you, but one you can stick to. We hope that this method will allow us to gather meaningful and important research data with a minimum of inconvenience to you.

II. Instructions for Use

From several project standpoints, it is important for us to know just what sorts of activities you engage in when you are with children in your sessions. Also, it is good for us to know why you chose to engage in a certain activity and what goals you had in mind. The process activity form is the method we have devised to gather this information.

Before attempting to fill out the form, familiarize yourself with the categories for both goals and activities by reading the definitions which appear below in these instructions. The form should be filled out once every two weeks for each child you are seeing, using one session within that two weeks as a basis for filling out the form. Estimate how much time was spent on each activity during the session, rounding off to the nearest 5 minutes. Your estimates need not be exact--we don't expect you to use a stopwatch--but try to make the best rough estimate you can. Make sure, however, that the total number of minutes adds up to the length of the session.

The completed forms should be turned in to your senior aide, who will bring them to the Mt. Hope Avenue office.

III. Goals of Activities

Aide Initiated Goals:

a. Increase Academic Skills; help with schoolwork, learning problems, etc.

b. Establish a Relationship; develop rapport, become friends with the child.

c. Encourage Age/Sex relevant behavior; for immature or overmature child, effeminate males, etc.

d. Increase confidence, Self-concept; help child develop sense of identity, feel good about self.

e. Encourage ventilation of feelings; get child to express how he/she feels, increase level of feeling.

f. "Free-up" constricted behavior' get "boxed-in" child to become more able to relax and be active.

g. Obtain Information; find out about the child's life at home or how he gets along with friends.

Spontaneous Activity:

h. No specific goal in mind; activity seems to develop spontaneously and feels right.

Child Initiated Activity:

i. Child Chooses Activity; child begins an activity without asking, child decided he wants to do this.

j. Child Asks for Activity; child asks aide if they can engage in certain activity.

k. Child "Tests" Aide; activity in which the child seems to be trying to find out what the aide is like, or what the aide's reaction might be to behavior that is not generally "approved of."

IV. Categories of Activities

1. Tutoring--This refers specifically to direct tutoring activity which is directly related to school and academic performance. Helping with arithmetic skills, reading and spelling exercises, or other related tasks should be placed under this category as long as they are directly related to academic teaching.

2. Conversation--This refers to occasions during the session when direct conversation between the aide and the child is the most important thing going on. You and the child may speak continuously throughout the session and while engaging in various activities, but this category is to be used only when conversation is the basic, or most important activity going on. There are two sub-categories of Conversation:

a-Social--This refers to general conversation involving areas of interest to the child and the aide, including such things as hobbies, after school activities, or other general topics which are not a subject of concern, problems, or worry to the child.

b-Problem--This refers to topics of conversation which appear to be of concern to the child or are worrying him. Such things as difficulties at home, with friends, or in the classroom would be topics of problem conversation. This includes instances where the aide is showing understanding and concern, giving advice, etc.

3. Combined--This refers to activities which the child and the aide both engage in on a more or less equal basis in terms of the amount of involvement. Any occasion where the child and the aide are both active participants would be included under the Combined category. There are two sub-categories of Combined:

a-Competitive--This refers to all joint activities where the child and the aide compete with one another, or where there can be a winner and a loser. Card games, hide and seek, catch, spelling

games, etc. would be included in this category.

b-Cooperative--This refers to all activities where the child and the aide are both working towards a common goal or are both engaged in the same activity. Making a greeting card, building a model, role-playing with dolls or puppets, etc. are included here as long as both the child and the aide are actively involved.

4. Aide Active--This refers to activities in which the aide is actively involved in doing something and the child is watching, listening, or otherwise taking a somewhat passive role in the activity. Occasions where the aide is reading a story to the child, demonstrating an activity, showing the child how to do something, etc. are included in this category.

5. Child Active--This refers to those instances where the child is actively engaged in some activity and the aide is watching, listening, or commenting on what the child is doing. If the child is making a drawing and the aide is watching and commenting on it, or if the child is playing with a toy and the aide is watching, the activity would be included under this category.

6. Child Solitary--This category is to be used when the child has withdrawn from interaction with the aide. The child may be doing something, but is not sharing it with the aide, or makes it clear that he does not want the aide's participation. If the child were drawing but refused to show the drawing to the aide, or if he went off and played by himself, the activity should be placed in this category.
7. Other--Any activities which cannot be placed in the above categories should be placed here, with an explanation as to what the activity was under "Notes". Watching a film, or similar activities might fall under this category if they cannot be fitted in any of the others.

V. Examples

The following are some hypothetical examples of sessions with children, showing how the form should be used in each case. Reading these examples and then seeing how the form was used for them should give you an idea of how the form should be properly filled out.

Example #1

You have just started seeing Tommy Smith and you would like for him to have a chance to get to know you and be comfortable with you, and you would like to learn about his interests. You spend the first 10 minutes of your hour talking about his interests. He tells you that he feels like he isn't as good as the others in his class in the area of spelling and the alphabet, and this makes him feel bad, so you would like to build up his confidence in this area. You choose to play a word game, giving him a chance to win some of the time and show that he is not as bad as he feels. This takes about 30 minutes, and then Tommy asks if he could paint for a while. You say this will be all right, and he spends the rest of the session, about 20 minutes, painting while you watch him and comment on his work.

PRIMARY MENTAL HEALTH PROJECT
PROCESS ACTIVITY FORM

Name of Child Tommy Smith Name of Aide Annie Aide

Date of Session 9/24/70 # Sessions to Date 1

GOALS

a. Academic
b. Relationship
c. Age/Sex Relevant
d. Confidence
e. Feelings
f. "Free-up"
g. Information
h. Spontaneous
i. Child Chooses
j. Child Asks
k. "Testing"

GOAL	ACTIVITY	TIME	NOTES
	TUTORING		
	CONVERSATION		
b	Social	10	talked about Tommy's interests
	Problem		
	COMBINED		
d	Competitive	30	word game
	Cooperative		
	AIDE ACTIVE		
i	CHILD ACTIVE	20	painting
	CHILD SOLITARY		
	OTHER (explain)		
	TOTAL (length of session)	60	

Example #2

Suzy Brown seems to you to be a very constricted child who is unable to express herself very well, and doesn't seem to be able to "let go" and become involved in creative activities, especially any sort of activity which involves messiness or disorder. You feel that Suzy would be helped by learning to fingerpaint, but she has never used fingerpaints. You spend 10 minutes or so demonstrating to her how to use them while she watches you work. Then you give her some paper and you both paint together, showing each other your work and sharing the paintings you are making for another 20 minutes. Then, you feel that you would like to get some idea of Suzy's tolerance for frustration and how she reacts to a situation when she is frustrated, so you decide to play a game of Chinese Checkers with Suzy, allowing you to see how she feels when she loses, and explore these feelings. This takes the remaining 15 minutes of your 45 minute session.

PRIMARY MENTAL HEALTH PROJECT
PROCESS ACTIVITY FORM

Name of Child Suzy Brown Name of Aide Annie Aide

Date of Session 10/7/70 # Sessions to Date 5

GOALS	GOAL	ACTIVITY	TIME	NOTES
a. Academic		TUTORING		
b. Relationship		CONVERSATION		
c. Age/Sex Relevant		Social		
d. Confidence		Problem		
e. Feelings		COMBINED		
f. "Free-up"	e	Competitive	15	Chinese checkers
g. Information	f	Cooperative	20	finger painting
h. Spontaneous	f	AIDE ACTIVE	10	demonstrated finger painting
i. Child Chooses		CHILD ACTIVE		
j. Child Asks		CHILD SOLITARY		
k. "Testing"		OTHER (explain)		
		TOTAL (length of session)	45	

Example #3

You find out from the teacher that David Jones is having difficulty with his spelling and is in danger of failing because of this. You decide that in order to increase his skills in this area you will play "hangman" with him. This takes about half of your one-hour session. You have the feeling that David is somewhat immature in his activities, and is not really learning the sorts of games and play that a boy of his age should be doing. You would like to encourage him to do something which is more appropriate for his age, and so you decide that building a garage from blocks and playing with cars would be a good idea. You both work on this together for about 20 minutes. Toward the end of the session, David complains about not wanting to return to his class, and then angrily goes over to the corner of the room and refuses to speak with you. You have the feeling that he is trying to see how much you really care about him, and find out what you will do.

PRIMARY MENTAL HEALTH PROJECT
PROCESS ACTIVITY FORM

Name of Child David Jones Name of Aide Annie Aide

Date of Session 10/8/70 # Sessions to Date 6

GOALS	GOAL	ACTIVITY	TIME	NOTES
	—	TUTORING	— —	
a. Academic		CONVERSATION		
b. Relationship	—	Social	—	
c. Age/Sex Relevant	—	Problem	—	
d. Confidence				
e. Feelings		COMBINED		
f. "Free-up"	d	Competitive	30	"Hangman"
g. Information	c	Cooperative	20	played with cars
h. Spontaneous	—	AIDE ACTIVE	—	
i. Child Chooses	—	CHILD ACTIVE	—	
j. Child Asks				
k. "Testing"	K	CHILD SOLITARY	10	David went to corner of the room and refused to speak.
	—	OTHER (explain)	—	
		TOTAL (length of session)	=	

APPENDIX C

Primary Mental Health Project

Referral Category

MANUAL FOR USE

Including Instructions

and Examples

May, 1971

Manual for Referral Category Rating

I. Introduction

This manual is to be used for assigning project children to referral categories. The source of information from which judgements are to be made is the "Reason for Referral" section of the aides' semester summary for the child. On the basis of the information contained in the summary, using the rules to be elaborated below, each child will be assigned to one of six categories. The categories, which will be explained fully, are: acting out; withdrawal and moodiness; learning problems; family problems; special symptoms; and, mixed problems.

II. General Considerations

1. Look at Behavior. In making the ratings, base your judgements on the information relating to the child's behavior, as observed by the teacher or aide. This information should be weighed much more heavily than inferences or speculations about the cause of the problems, or information from psychological testing.

Example: "Johnny was referred because he strikes other children and disrupts the class. He needs love and attention and suffers from an identity conflict."

In this case, the important information is the behavioral report, i.e., striking children and disrupting the class; the second sentence should be largely disregarded.

2. Judging Predominance of a Problem. Although some children may be reported as having problems from several categories, you should still be able to place the child in one of the categories based on the over-all "flavor" of the situation. Try to read the statements globally, for the predominant sorts of problems which exist, and make your judgement accordingly. You will find that some cases fall neatly and clearly into a single category while others will require that a more interpretive judgement be made. If you are unable to make a rating on this basis, see Section IV.

III. The Six Categories

The following are the six referral categories and the behavior or problems which define each. Be sure to study these carefully, both for the specific behaviors and the general "flavor" of each. No child, of course, will have all of these problems, and an assignment can be made with the presence of only one of the mentioned problems if it is predominant.

1. Acting Out

-Disrupts class, disturbs or strikes others, talks out, walks around the room, "clowns around".

-Is hyperactive, impulsive, obstinate, overbearing, belligerent, defiant, overly aggressive, stubborn, uncooperative.

-Steals, lies, breaks things.

-Tries to get attention, has a short temper, has temper tantrums, "blows-up" easily, lacks self-control, has violent outbursts.

-Is a discipline problem, a behavior problem, needs limit setting.

2. Withdrawal, Moodiness

-Is withdrawn, shy, quiet, timid, moody, anxious, tense, fearful, frightened, insecure, depressed, worried, constricted, rigid.

-Is preoccupied, detached, daydreams, "off in another world".

-Cannot communicate with others, does not make friends, is unable to express feelings, unable to make decisions.

-Is overly sensitive to criticism, cries easily, lacks self-confidence, is dependent on others for support,

pretends to be ill.

-Pouts, sulks, sucks thumb.

3. Learning Disorder

This category is not appropriate for those children who are designated secondarily as being behind in their work for reasons relating to categories 1 and 2, but should be used where the following problems predominate.

-Is a slow learner.

-Has trouble with specific academic skills: reading, math, colors, numbers, etc.

-Has poor work habits, does not finish work, cannot follow directions, does not listen, fails to pay attention, poor concentration.

-Is underachieving, working below potential.

4. Family Problems

This category is to be used when the following problems predominate over behavioral problems. This group may include children without actual current behavior or academic problems, but with background situations which are so poor that they might lead to problems.

-Parents: getting a divorce, are absent from home, recent death in the family (parent or sibling).

-Home: deprived home situation, lack of stimulation, unstable home situation.

-Pressures: child under pressure from home, parents won't allow child to repeat a grade, won't allow child to attend special school, etc.

5. Special Symptoms

Again, keep in mind that it is the predominance of these problems over others which makes the category appropriate.

-Speech, hearing, perceptual, motor coordination problems.

-Language problems (foreign language spoken in home).

-Has difficulty with motor or manual activities.

-Has school phobia, other specific phobia, compulsion, or other specific symptom.

6. Mixed Problems

Use this category when the child's problems are mixed, coming from many categories (see following formula); or when there is insufficient, "irrelevant", or inappropriate information for you to be able to make a rating in one of the first five categories, or where the information provided is such that you cannot determine the nature of the behavior.

IV. Formula for Mixed Problems

If you are not able to judge that a single referral category appropriately describes a particular child, the following "2/3's" formula should be applied.

1. Omit, as a basis for your judgement, two classes of statements or problems: "irrelevant" problems, and inferential statements:

a. "Irrelevant" problems for the purpose of the ratings are those which do not fall clearly into one of the five categories (i.e., they are general and vague), although in many cases they are meaningful to the aide.

Examples of "irrelevant" problems are:

Immature, babyish, unhappy, emotional disturbance, short attention span, sloppy grooming, wants his own way, etc.

b. Inferential statements are those which relate to possible causation of the problems, or reports from psychological tests.

Examples of inferential statements are:

Needs love and affection, needs special attention, suffers from an identity conflict, poorly integrated personality, difficulty in "reaching out".

2. Count all remaining "problems" or adjectives which apply to one of the first five categories.

3. If 2/3's or more of these relevant statements are from a single category, the child's referral problem should be scored in that category.

4. If less than 2/3's are from one category, rate the referral as "6" (mixed).

5. Example: "Bobby was referred because he is very withdrawn, daydreams constantly, and is impulsive. He suffers from an identity conflict and has a short attention span.

The last sentence contains statements which are "irrelevant" and should be disregarded in the judgement. The underlined words are relevant to the referral categories. Withdrawn and daydreams are relevant to Category 2 and impulsive is relevant to Category 1. Since two of the three relevant problems are from Category 2, that would be the appropriate referral category for Bobby.

V. Examples

The following are examples of actual referral statements selected from aide summaries, and listed according to their appropriate referral category. An attempt has been made to select at least one relatively straightforward case, and one more complicated case for each. For the more complicated cases, the relevant words or phrases are underlined.

Please study these carefully to familiarize yourself with the type of information included in the summaries, and the categorization of this information.

1. Acting Out

a. Straightforward Acting Out.

"Very disruptive in class. Whenever there is trouble, Bobby is involved somehow. Very overactive, does not sit still, very short attention span."

b. Some other factors, but clearly acting out.

"Extremely immature, always talking, making noises, no attention span, has tantrums, lies, does erratic and sometimes dangerous things. Doesn't accomplish much academically as he is often daydreaming when he isn't hyperactive."

--Although academic and daydreaming problems are mentioned, acting out is still predominant.

c. Some information irrelevant to child's behavior.

"Tony was assigned by the psychologist who told me his tests showed the following: an overactive and attention-seeking child with poor coordination, immaturity and anxiety. The teacher sees the child as an "acting out" child who sometimes hits other children, is often uncooperative and belligerent in class."

--Here, the teacher's behavior report takes precedence over the testing reports, although the two are not inconsistent.

d. Much "irrelevant" information, but behavior is acting out.

"Joanne was referred because she is extremely aggressive. She needs love and someone to care for her, and has many home problems. From what I gather from her, her mother drinks all the time. She is an only child and she acts and talks like a woman."

--The first sentence is relevant to the category judgement, but the rest is "irrelevant".

2. Withdrawal, Moodiness

a. Straightforward withdrawal.

"Sylvia was referred because she was very quiet and shy."

b. Some "irrelevant information, but behavior is clearly withdrawal.

"Michael was referred because he is very shy and withdrawn. He has been in about three foster homes and he feels that no one likes him. He only feels secure at school and he has no self confidence--needs lots of reassurance about most things. Was seen at Rochester Mental Health Center this summer."

--The first sentence contains the relevant data.

c. Use 2/3's rule for assignment.

"Referred by his teacher. He appears very anxious and tense. He has poor speech patterns and is poorly motivated to learn. He is extremely dependent on others and has a short attention span."

--Relevant to Category 2: anxious, tense, dependent on others

--Relevant to Category 5: poor speech patterns.

--Irrelevant to any category: short attention span, poorly motivated.

--3 out of 4 "relevant" problems are in Category 2.

3. Learning Disorder

a. Straightforward learning.

"Stephen has been referred by his 3rd grade teacher for a specific academic reason--to increase his reading skill."

b. Some other problems, but predominantly learning.

"Anthony was referred because his teacher felt he was withdrawn, inattentive, cannot follow directions, and needs academic help."

c. Need to use 2/3's rule.

"David was referred by his 3rd grade teacher. His

problem is academic. He is lacking in confidence. He has an I.Q. score of 92, but doesn't know the answers. He copies his work from someone else. David also has a disciplinary problem. He tries and wants to do his work, but he can't. The lessons don't sink in. He needs individual attention."

--Relevant to Category 3: academic, doesn't know the answers, copies his work, can't do his work, lessons don't sink in.

--Relevant to Category 2: lacking in confidence.

--Relevant to Category 1: disciplinary problem.

--Irrelevant to any category: needs individual attention.

--5 out of 7 "relevant" problems are in Category 3.

4. Family Problems

a. Clear family problems.

"Separation problem from mother, creating difficulty in tardiness, can't stay in his seat, can't do his work. Seems like an average child. Multi-problem family known to many agencies. Mother depressed and overwhelmed, father alcoholic, young sibling placed in foster care."

--Although some behavior problems are mentioned, the child is seen as average, and was referred basically because of problems at home.

b. Some mixture, but family problems predominate.

"Recent referral, parents separated, child lives with father. Shows need for affection and loving care. Father is often ill, causing child anguish and worry. He is sometimes a behavioral problem to his teacher."

--Relevant to Category 4: Parents separated, father's illness causes child concern.

--Relevant to Category 1: behavioral problem

--Irrelevant to any category: needs affection and loving care.

--2 out of 3 problems are from category 4.

c. Family pressure causing problems.

"Marilyn's teacher felt that she needed individual attention to give her an opportunity to unwind and thereby alleviate pressures that she is under from home."

5. Special Symptoms

"Peter has a sunny disposition until he is frustrated by his inability to do creative work. He has difficulty using scissors and making puzzles and is generally slow

with his milk and other manual activities. Socially, he is doing well."

"Scott was referred by his 3rd grade teacher because he was slow moving and although being a bright boy, had difficulty getting assignments in on time; and coordination not too good."

6. Mixed problems/Insufficient information

a. Mixed--problems from several categories.

Case 1. "Moody, rebellious, insecure. Still thumb sucking. She has many problems at home."

Case 2. "Shelly has great difficulty learning. She is very shy and withdrawn. She is almost non-verbal and has poor visual discrimination."

b. Insufficient or unclear information.

Case 1. "Dennis was referred because he was a very confused child. Short attention span, needs help in getting adjusted."

Case 2. "Bill was referred by his 1st grade teacher because of his poor speech, his "hanging on" and constant need for physical closeness. He was not doing any academic work in the classroom at this time. His tests had shown

that Bill had a maturational lag, was poorly coordinated, and illustrated very dependent characteristics."

APPENDIX D

DERIVATION OF AIDE CHARACTERISTIC FACTOR SCORES

Factor I. Introversion

Sum of z scores on the following items:

PRF- Dominance

SVIB- Positive weight--Public Speaking, Law, Writing, Diversity of Interest.

Negative weight--Introversion/Extraversion.

Factor II. Attitude toward School and Mental Health.

Sum of raw scores for the following semantic differential items:

Elementary Schools, Teachers, School Principals, Mental Health Workers, Mental Health, Children, Slow-learning Children, Myself, Homemaking.

Factor III. High in Helping Needs.

Sum of raw scores on the following PRF items:

Achievement, Affiliation, Endurance, Nurturance, Order.

Factor IV. Science and Mechanical Interest.

Sum of raw scores on the following SVIB items:

Physical Science, Mechanical Science,

Biological Science, Medical Science,

Outdoors.

Factor V. Social Class Orientation.

Sum of z scores on the following items:

Positive weight--Educational level; SVIB

items: AACH, FMII, Writing.

Negative weight--Social Class Level, Office

Practices (SVIB).

PRF--Jackson Personality Research Form

SVIB--Strong Vocational Interest Blank